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David Pollack
FILED
IN CLERK'S OFFICE
US DISTRICT COURT E.D.N.Y.
★ **OCT 24, 2018** ★
BROOKLYN OFFICE

Oct. 11, 2018

VIA PRIORITY MAIL

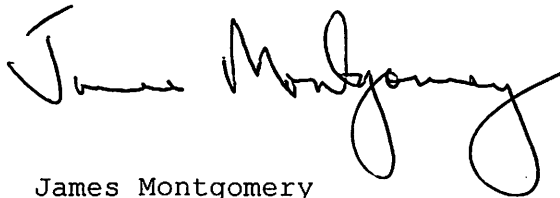
U.S.M.J. Robert M. Levy
U.S. District Court, Courtroom 11B
225 Cadman Plaza East
Brooklyn, NY 11201

Re: David S. Jones v. Trevor Tahiem Smith, Jr. (a/k/a
"Trevor George Smith, Jr." & "Busta Rhymes") &
Starbus LLC - U.S. District Court, EDNY, 16-cv-2194
(RML)

Your Honor:

This firm represents the plaintiff in the above action. I enclose defendants' exhibits A, B and C inadvertently taken from your courtroom today by my client at the end of the evidentiary hearing. I remain,

Respectfully,


James Montgomery

c.c. Jeff Pollack, Esq, via email.

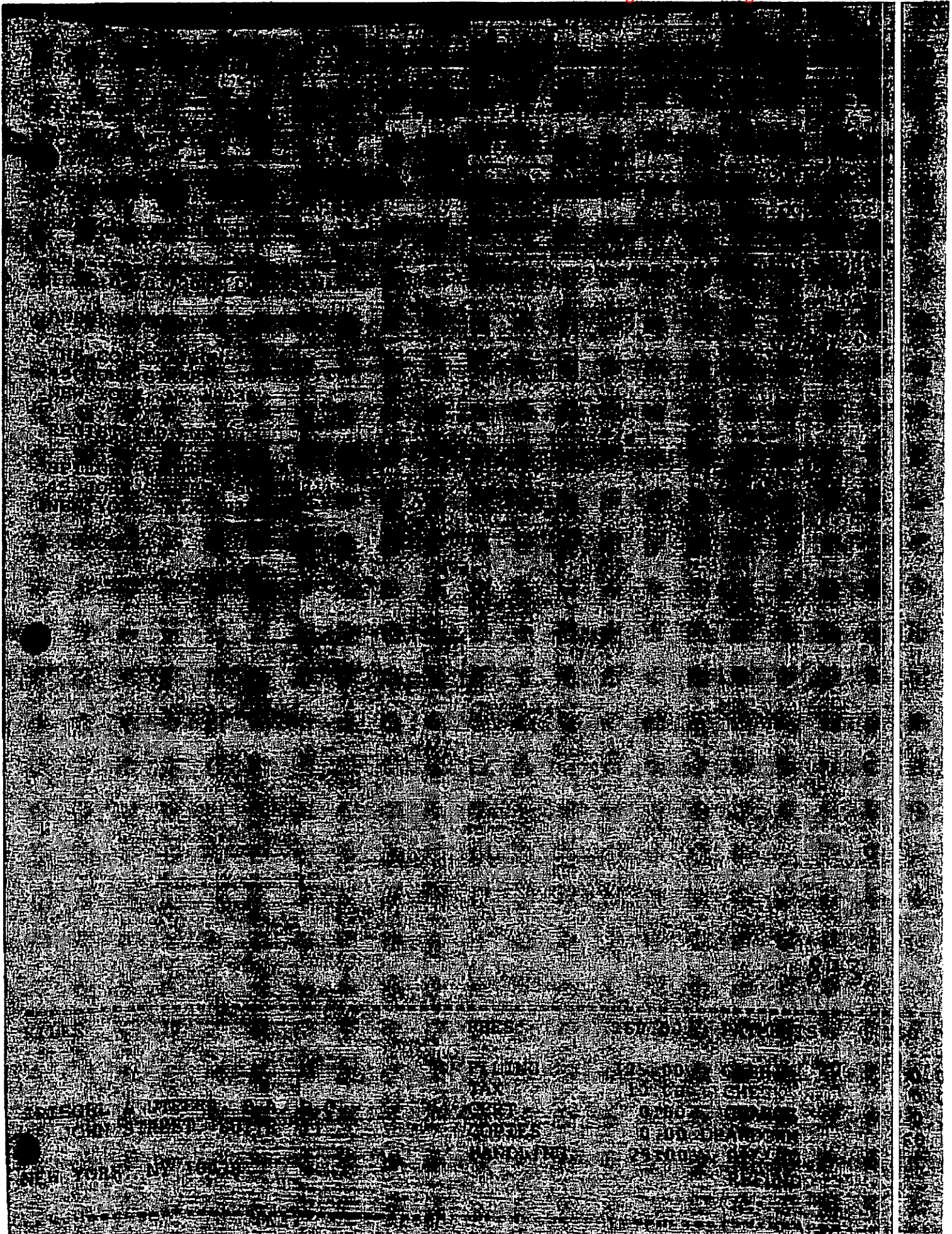
**CERTIFICATE OF INCORPORATION
OF
DIVINE LIMO INC.**

Drawdown 66

Filed By:

Spielgel & Unger, P.A. P.C.
45 John Street, Suite 711
New York, New York 10038

Blumberg No. 8114
**DEFENDANT'S
EXHIBIT
A**



Individuals who are not U.S. citizens or permanent residents are not eligible for the program. For more information, please visit www.dhs.gov/e-verify. If you are a U.S. citizen or permanent resident, you may be eligible for the program. If you are a U.S. citizen or permanent resident, you may be eligible for the program. If you are a U.S. citizen or permanent resident, you may be eligible for the program.

An aerial photograph of a city grid, likely New York City, showing a dense pattern of streets and buildings. A red dot is placed on one of the streets, indicating a specific location of interest.

The name of the company is **DRIVE UNIC INC.** hereafter "the company"

APPENDIX 2 - PHASES OF CONGRUATION

This Corporation is formed to engage in any lawful act or activity for which a Corporation may be organized under the Business Corporation Law, provided it will not engage in any act or activity requiring the consent or approval of any state official, department, board, agency or other body, until such consent or approval is obtained.

ARTICLE 3: GOV'T OF THE CRIME OF THE CORPORATION

THE COURT, within the State of New York, in which the Office of the Comptroller is to be located is Suffolk County.

ARTICLE 4 - INCORPORATION

The name and street address of the incorporator of this Corporation is
 Sanchez of 45 John Street, Suite 714, New York, New York 10038

the Corporation may elect to be an S Corporation, as provided in Sub Chapter S of the Internal Revenue Code of 1986, as amended.

2.1.1. The Board of Directors of the Corporation may, in its discretion, elect to be an S Corporation, as provided in Sub Chapter S of the Internal Revenue Code of 1986, as amended, and may, in its discretion, elect to be an S Corporation, as provided in Sub Chapter S of the Internal Revenue Code of 1986, as amended, and may, in its discretion, elect to be an S Corporation, as provided in Sub Chapter S of the Internal Revenue Code of 1986, as amended.

2.1.2. The Board of Directors of the Corporation may, in its discretion, elect to be an S Corporation, as provided in Sub Chapter S of the Internal Revenue Code of 1986, as amended, and may, in its discretion, elect to be an S Corporation, as provided in Sub Chapter S of the Internal Revenue Code of 1986, as amended, and may, in its discretion, elect to be an S Corporation, as provided in Sub Chapter S of the Internal Revenue Code of 1986, as amended.

ARTICLE B. SUB CHAPTER S CORPORATION

The Corporation may elect to be an S Corporation, as provided in Sub Chapter S of the Internal Revenue Code of 1986, as amended.

B.1. The Board of Directors of the Corporation may elect and if elected, shall cause the Corporation to be an S Corporation as provided in Sub Chapter S of the Internal Revenue Code of 1986, as amended, unless the shareholders of the Corporation unanimously agree otherwise in writing.

B.2. After the Corporation has elected to be an S Corporation, none of the shareholders of the Corporation, without the written consent of all the shareholders of the Corporation shall take any action or make any transfer or other disposition of any shares of the Corporation or stock of the Corporation which will result in the termination or revocation of such election to be an S Corporation, as provided in Sub Chapter S of the Internal Revenue Code of 1986, as amended.

Internal Revenue Code of 1986, as amended.

ARTICLE 7. TRANSFER OF STOCK AND RESTRICTIONS THEREON

All of the shares of stock of the Corporation may be subject and shall remain subject to a right of first refusal exercisable by the Corporation on the right of shareholders at the Corporation and transferability of shares of the Corporation. A copy of this agreement shall be maintained in the principal office of the Corporation.

ARTICLE 8. POWERS OF CORPORATION

The Corporation shall have the same powers as any individual to do all things necessary or convenient to carry out its business and affairs, subject to any limitations or restrictions imposed by applicable law or the Certificate of Incorporation.

ARTICLE 9. TERM OF EXISTENCE

This Corporation shall have perpetual existence.

ARTICLE 10. REGISTERED OWNER(S)

The Corporation, to the extent permitted by law, shall be entitled to treat the person in whose name any share or right is registered on the books of the Corporation as the owner thereof for all purposes, and except as may be agreed in writing by the Corporation, the Corporation shall not be bound to recognize any equitable or other claim to or interest in such share or right on the part of any other person, whether or not the Corporation shall have notice thereof.

ARTICLE 12: REGISTERED OFFICE

The registered office of the Corporation shall be in the City and County of New York, State of New York, and shall be the office of the Corporation, P.O. Box 145, New Street Station, New York, New York 10108.

ARTICLE 13: BYLAWS

The Board of Directors of the Corporation shall have power, without the assent or vote of the shareholders, to make, alter, amend or repeal the Bylaws of the Corporation, but no affirmative vote of a number of Directors equal to a majority of the number who would constitute a full Board of Directors at the time of such action shall be necessary to take any action for the making, alteration, amendment or repeal of the Bylaws.

ARTICLE 14: AMENDMENT

The Corporation reserves the right to amend, alter, change or repeal any provision contained in this Certificate of Incorporation, or in any amendment hereto, or to add any provision to this Certificate of Incorporation or to any amendment hereto, in any manner now or hereafter prescribed or permitted by the provisions of any applicable statute of the State of New York, and all rights conferred upon shareholders in this Certificate of Incorporation or any amendment hereto are granted subject to this reservation.

[Handwritten signature]
Elite Searcher Incorporated
45 John Street Suite 711
New York, New York 10038

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**2015 S Corporation Return
prepared for:**

**DIVINE LIMO INC
163-35 130TH AVENUE APT 6D
JAMAICA, NY 11434**

**ALBERT LOCKWOOD TAX SERVICE
640 RIVERSIDE DR
NEW YORK, NY 10031-6944**



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1120S

DIVINE LIMO INC
163-35 130TH AVENUE APT 6D
JAMAICA, NY 11434

Department of the Treasury
Internal Revenue Service Center
Cincinnati, OH 45999-0013

Form **1120S**Department of the Treasury
Internal Revenue Service**U.S. Income Tax Return for an S Corporation**Do not file this form unless the corporation has filed or is
attaching Form 2553 to elect to be an S corporation.Information about Form 1120S and its separate instructions is at www.irs.gov/form1120s.

OMB No. 1545-0123

2015

For calendar year 2015 or tax year beginning

2015, ending

A S election effective date 02/03/05	TYPE OR PRINT	Name DIVINE LIMO INC	D Employer identification number 52-2451231
B Business activity code number (see instructions) 485320		Number, street, and room or suite no. If a P.O. box, see instructions. 163-35 130TH AVENUE APT 6D	E Date incorporated 02/03/05
C Check if Schedule M-3 attached <input type="checkbox"/>		City or town, state or province, country, and ZIP or foreign postal code JAMAICA NY 11434	F Total assets (see instructions) \$ -1,216.

G Is the corporation electing to be an S corporation beginning with this tax year? ☐ Yes ☒ No If 'Yes,' attach Form 2553 if not already filed**H** Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change
(4) ☐ Amended return (5) ☐ S election termination or revocation**I** Enter the number of shareholders who were shareholders during any part of the tax year 1**Caution.** Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

INCOME	1a Gross receipts or sales	1a	49,836.	
	b Returns and allowances	1b		
	c Balance. Subtract line 1b from line 1a	1c		49,836.
	2 Cost of goods sold (attach Form 1125-A)	2		
	3 Gross profit. Subtract line 2 from line 1c	3		49,836.
	4 Net gain (loss) from Form 4797, line 17 (attach Form 4797)	4		
DEDUCTIONS	5 Other income (loss) (see instructions - all statement)	5		
	6 Total income (loss). Add lines 3 through 5	6		49,836.
	7 Compensation of officers (see instructions - attach Form 1125-E)	7		38,245.
	8 Salaries and wages (less employment credits)	8		
	9 Repairs and maintenance	9		
	10 Bad debts	10		
	11 Rents	11		
	12 Taxes and licenses	12		1,708.
	13 Interest	13		
	14 Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	14		
	15 Depletion (Do not deduct oil and gas depletion.)	15		
	16 Advertising	16		
	17 Pension, profit-sharing, etc. plans	17		
	18 Employee benefit programs	18		
	19 Other deductions (attach statement) STWT	19		11,029.
20 Total deductions. Add lines 7 through 19	20		51,052.	
21 Ordinary business income (loss). Subtract line 20 from line 6	21		-1,216.	
TAX AND PAYMENTS	22a Excess net passive income or LIFO recapture tax (see instructions)	22a		
	b Tax from Schedule D (Form 1120S)	22b		
	c Add lines 22a and 22b (see instructions for additional taxes)	22c		
	23a 2015 estimated tax payments and 2014 overpayment credited to 2015	23a		
	b Tax deposited with Form 7004	23b		
	c Credit for federal tax paid on fuels (attach Form 4136)	23c		
	d Add lines 23a through 23c	23d		
	24 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	24		
	25 Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed	25		
	26 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid	26		
27 Enter amount from line 26 Credited to 2016 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	27			

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer	Date	Title	May the IRS discuss this return with the preparer shown below (see instructions)?
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> If self-employed	PTIN
Albert E. Lockwood IV	Albert E. Lockwood IV	10/15/16		P00160156
Firm's name	Firm's EIN			
Firm's address	Firm's phone no.			
NEW YORK	NY 10031-6944			

BAA For Paperwork Reduction Act Notice, see separate instructions.

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Other Information (see instructions)					Yes	No
1 Check accounting method: a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) _____						
2 See the instructions and enter the: a Business activity: <u>Limo Service</u> b Product or service: <u>Private Car Service</u>						
3 At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation						X
4 At the end of the tax year, did the corporation: a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below.						X
(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) is 100%, Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made		
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below.						X
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum % Owned in Profit, Loss, or Capital		
5a At the end of the tax year, did the corporation have any outstanding shares of restricted stock? If "Yes," complete lines (i) and (ii) below.						X
(i) Total shares of restricted stock _____						
(ii) Total shares of non-restricted stock _____						
b At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? If "Yes," complete lines (i) and (ii) below.						X
(i) Total shares of stock outstanding at the end of the tax year _____						
(ii) Total shares of stock outstanding if all instruments were executed _____						
6 Has this corporation filed, or is it required to file, Form 8816, Material Advisor Disclosure Statement, to provide information on any reportable transaction?						X
7 Check this box if the corporation issued publicly offered debt instruments with original issue discount. If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.						
8 If the corporation: (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years (see instructions) _____ \$						
9 Enter the accumulated earnings and profits of the corporation at the end of the tax year. _____ \$						
10 Does the corporation satisfy both of the following conditions? a The corporation's total receipts (see instructions) for the tax year were less than \$250,000 b The corporation's total assets at the end of the tax year were less than \$250,000 If "Yes," the corporation is not required to complete Schedules L and M-1.					X	
11 During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? If "Yes," enter the amount of principal reduction _____ \$						X
12 During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions						X
13 a Did the corporation make any payments in 2015 that would require it to file Form(s) 1099?						X
b If "Yes," did the corporation file or will it file required Forms 1099?						

Form 11208 (2015)

Form 1120S (2015) DIVINE LIMO INC

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Shareholders' Pro Rata Share Items		Total amount
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)	1 -1,216.
	2 Net rental real estate income (loss) (attach Form 8825)	2
	3a Other gross rental income (loss)	3a
	b Expenses from other rental activities (attach statement)	3b
	c Other net rental income (loss). Subtract line 3b from line 3a	3c
	4 Interest income	4
	5 Dividends: a Ordinary dividends	5a
	b Qualified dividends	5b
	6 Royalties	6
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7
Deductions	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a
	b Collectibles (28%) gain (loss)	8b
	c Unrecaptured section 1250 gain (attach statement)	8c
	9 Net section 1231 gain (loss) (attach Form 4797)	9
Credits	10 Other income (loss) (see instructions) Type ▶	10
	11 Section 179 deduction (attach Form 4562)	11
	12a Charitable contributions	12a
	b Investment interest expense	12b
Foreign Transactions	c Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶	12c (2)
	d Other deductions (see instructions) Type ▶	12d
	13a Low-income housing credit (section 42(g)(5))	13a
	b Low-income housing credit (other)	13b
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3458, if applicable)	13c
	d Other rental real estate credits (see instrs) Type ▶	13d
	e Other rental credits (see instrs) Type ▶	13e
	f Biofuel producer credit (attach Form 6478)	13f
	g Other credits (see instructions) Type ▶	13g
	14a Name of country or U.S. possession ▶	14a
Alternative Minimum Tax (AMT) Items	b Gross income from all sources	14b
	c Gross income sourced at shareholder level	14c
	Foreign gross income sourced at corporate level	14d
	d Passive category	14e
	e General category	14f
	f Other (attach statement)	14g
	Deductions allocated and apportioned at shareholder level	14h
	g Interest expense	14i
	h Other	14j
	Deductions allocated and apportioned at corporate level to foreign source income	14k
Items Affecting Shareholder Basis	i Passive category	14l
	j General category	14m
	k Other (attach statement)	14n
	Other information	14o
	l Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	14p
	m Reduction in taxes available for credit (attach statement)	14q
	n Other foreign tax information (attach statement)	14r
	15a Post-1986 depreciation adjustment	15a
	b Adjusted gain or loss	15b
	c Depletion (other than oil and gas)	15c
	d Oil, gas, and geothermal properties — gross income	15d
	e Oil, gas, and geothermal properties — deductions	15e
	f Other AMT items (attach statement)	15f
	16a Tax-exempt interest income	16a
	b Other tax-exempt income	16b
	c Nondeductible expenses	16c
	d Distributions (attach stmt if required) (see instrs)	16d
	e Repayment of loans from shareholders	16e

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Shareholders' Pro Rata Share Items (continued)

Other Infor- mation	17a Investment income b Investment expenses c Dividend distributions paid from accumulated earnings and profits d Other items and amounts (attach statement)	Total amount	
		17a	
		17b	
		17c	
Recon- ciliation	18 Income/loss reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14i	18	-1,216.

Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1 Cash					-1,216.
2a Trade notes and accounts receivable					
b Less allowance for bad debts					
3 Inventories					
4 U.S. government obligations					
5 Tax-exempt securities (see instructions)					
6 Other current assets (attach stmt)					
7 Loans to shareholders					
8 Mortgage and real estate loans					
9 Other investments (attach statement)					
10a Buildings and other depreciable assets					
b Less accumulated depreciation					
11a Depletable assets					
b Less accumulated depletion					
12 Land (net of any amortization)					
13a Intangible assets (amortizable only)					
b Less accumulated amortization					
14 Other assets (attach stmt)					
15 Total assets					-1,216.
Liabilities and Shareholders' Equity					
16 Accounts payable					
17 Mortgages, notes, bonds payable in less than 1 year					
18 Other current liabilities (attach stmt)					
19 Loans from shareholders					
20 Mortgages, notes, bonds payable in 1 year or more					
21 Other liabilities (attach statement)					
22 Capital stock					
23 Additional paid-in capital					
24 Retained earnings					-1,216.
25 Adjustments to shareholders' equity (att stmt)					
26 Less cost of treasury stock					
27 Total liabilities and shareholders' equity					-1,216.

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Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note. The corporation may be required to file Schedule M-3 (see instructions)

1 Net income (loss) per books	-1,216.	5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 4, 6a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):		a Tax-exempt interest \$	
3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12, and 14i (itemize):		6 Deductions included on Schedule K, lines 1 through 12 and 14i, not charged against book income this year (itemize):	
a Depreciation \$		a Depreciation . . \$	
b Travel and entertainment \$		7 Add lines 5 and 6	
4 Add lines 1 through 3	-1,216.	8 Income (loss) (Schedule K, ln 18), Ln 4 less ln 7 . .	-1,216.

Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see instructions)

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1 Balance at beginning of tax year			
2 Ordinary income from page 1, line 21			
3 Other additions			
4 Loss from page 1, line 21	1,216.		
5 Other reductions			
6 Combine lines 1 through 5	-1,216.		
7 Distributions other than dividend distributions			
8 Balance at end of tax year. Subtract line 7 from line 6	-1,216.		

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Schedule K-1 (Form 1120S) 2015 DIVINE LIMO INC

52-2451231

Page 2

This list identifies the codes used on Schedule K-1 for all shareholders and provides summarized reporting information for shareholders who file Form 1040. For detailed reporting and filing information, see the separate Shareholder's Instructions for Schedule K-1 and the instructions for your income tax return.

	Code	Report on
1 Ordinary business income (loss). Determine whether the income (loss) is passive or nonpassive and enter on your return as follows:	N Credit for employer social security and Medicare taxes O Backup withholding P Other credits	See the Shareholder's Instructions
Passive loss		
Passive income		
Nonpassive loss		
Nonpassive income		
2 Net rental real estate income (loss)		
3 Other net rental income (loss)		
Net income		
Net loss		
4 Interest income		
5a Ordinary dividends		
5b Qualified dividends		
6 Royalties		
7 Net short-term capital gain (loss)		
8a Net long-term capital gain (loss)		
8b Collectibles (28%) gain (loss)		
8c Unrecaptured section 1250 gain		
9 Net section 1231 gain (loss)		
10 Other income (loss)		
Code		
A Other portfolio income (loss)		
B Involuntary conversions		
C Sec. 1256 contracts and straddles		
D Mining exploration costs recapture		
E Other income (loss)		
11 Section 179 deduction		
12 Other deductions		
A Cash contributions (50%)		
B Cash contributions (30%)		
C Noncash contributions (50%)		
D Noncash contributions (30%)		
E Capital gain property to a 50% organization (30%)		
F Capital gain property (20%)		
G Contributions (100%)		
H Investment interest expense		
I Deductions — royalty income		
J Section 56(e)(2) expenditures		
K Deductions — portfolio (2% floor)		
L Deductions — portfolio (other)		
M Preproductive period expenses		
N Commercial revitalization deduction from rental real estate activities		
O Reforestation expense deduction		
P Domestic production activities information		
Q Qualified production activities income		
R Employer's Form W-2 wages		
S Other deductions		
13 Credits		
A Low-income housing credit (section 42(j)(5)) from pre-2006 buildings		
B Low-income housing credit (other) from pre-2006 buildings		
C Low-income housing credit (section 42(j)(5)) from post-2007 buildings		
D Low-income housing credit (other) from post-2007 buildings		
E Qualified rehabilitation expenditures (rental real estate)		
F Other rental real estate credits		
G Other rental credits		
H Undistributed capital gains credit		
I Biofuel producer credit		
J Work opportunity credit		
K Disabled access credit		
L Employment zone employment credit		
M Credit for increasing research activities		
14 Foreign transactions		
A Name of country or U.S. possession		
B Gross income from all sources		
C Gross income sourced at shareholder level		
Foreign gross income sourced at corporate level		
D Passive category		
E General category		
F Other		
Deductions allocated and apportioned at shareholder level		
G Interest expense		
H Other		
Deductions allocated and apportioned at corporate level to foreign source income		
I Passive category		
J General category		
K Other		
Other information		
L Total foreign taxes paid		
M Total foreign taxes accrued		
N Reduction in taxes available for credit		
O Foreign trading gross receipts		
P Extraterritorial income exclusion		
Q Other foreign transactions		
15 Alternative minimum tax (AMT) items		
A Post-1986 depreciation adjustment		
B Adjusted gain or loss		
C Depletion (other than oil & gas)		
D Oil, gas, & geothermal — gross income		
E Oil, gas, & geothermal — deductions		
F Other AMT items		
16 Items affecting shareholder basis		
A Tax-exempt interest income		
B Other tax-exempt income		
C Nondeductible expenses		
D Distributions		
E Repayment of loans from shareholders		
17 Other information		
A Investment income		
B Investment expenses		
C Qualified rehabilitation expenditures (other than rental real estate)		
D Basis of energy property		
E Recapture of low-income housing credit (section 42(j)(5))		
F Recapture of low-income housing credit (other)		
G Recapture of investment credit		
H Recapture of other credits		
I Look-back interest — completed long-term contracts		
J Look-back interest — income forecast method		
K Dispositions of property with section 179 deductions		
L Recapture of section 179 deduction		
M Section 453(j)(3) information		
N Section 453A(c) information		
O Section 1250(b) information		
P Interest allocable to production expenditures		
Q CCF nonqualified withdrawals		
R Depletion information — oil and gas		
S Reserved		
T Section 108(i) information		
U Net investment income		
V Other information		

SPSA0412 03/04/15

Schedule K-1 (Form 1120S) 2015

8711

DIVINE LIMO INC 52-2451231

1

Form 1120S, Page 1, Line 19
Other Deductions

ACCOUNTING	1,373.
BANK CHARGES	212.
MISCELLANEOUS	2,633.
PARKING FEES AND TOLLS	239.
TRAVEL	805.
GAS	4,219.
CAR WASH	650.
AUTO REPAIRS	286.
LEASE PAYMENTS	282.
RENT A CAR	400.
Total	11,099.

DIVINE LIMO INC 62-2451231

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Supporting Statement of:

Form 1120S p1-2/Gross Sales

Description	Amount
	21,887.
	6,203.
	1,125.
	14,634.
	5,987.
Total	<u>49,836.</u>

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October 15, 2016

DAVID JONES
163-35 130TH AVENUE
STE 6D
JAMAICA, NY 11434

Dear DAVID JONES,

Enclosed is your 2015 Schedule K-1 (Form 1120S), Shareholder's Share of Income, Credits, Deductions, etc., which has been filed with the 2015 Form 1120S U.S. Income Tax Return for an S Corporation for DIVINE LIMO INC.

The amounts reported to you on lines 1-17 of the Schedule K-1 (Form 1120S), Shareholder's Share of Income, Credits, Deductions, etc., represent your share of income, credits, deductions, and other information to be reported on the appropriate lines of your tax return. The IRS uses codes on some lines of the Schedule K-1 to identify the item and provide reporting information. These codes are identified on page 2 of the K-1.

Enclosed is your 2015 New York Schedule K-1 Equivalent (Form CT-3-S), which has been filed with the 2015 Form CT-3-S New York State S Corporation Franchise Tax Return of DIVINE LIMO INC.

Should you have any questions regarding this information, please do not hesitate to call.

Sincerely,

DIVINE LIMO INC
163-35 130TH AVENUE APT 6D
JAMAICA, NY 11434

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DIVINE LIMO INC
163-35 130TH AVENUE APT 6D
JAMAICA, NY 11434

NYS Corporation Tax
PO Box 15182
Albany, NY 12212-5182

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CT-2

 Department of Taxation and Finance
Corporation Tax Return Summary
**THIS FORM MUST
BE FILED WITH
YOUR RETURN**

- 1 Legal name of corporation 1. DIVINE LIMO INC
- 2 Return type
- 3 Employer ID number (EIN)
- 4 File number (FCC)
- 5 Period beginning date (mm-dd-yy)
- 6 Period ending date (mm-dd-yy)
- 7 Amended (Y=1; N=0)
- 8 Address change (Y=1; N=0)
- 9 Final (Y=1; N=0)
- 10 NAICS code
- 11 MTA Indicator (None=0; Y=1; N=2; Both=3)
- 12 Federal 1120-H filed (Y=1; N=0)
- 13 REIT/RIC indicator (Y=1; N=0)
- 14 Tax due/MTA surcharge
- 15 Mandatory first installment (MFI) -- no extension filed and tax due is over \$1,000
- 16 Return a Gift to Wildlife
- 17a Breast Cancer Research and Education Fund
- 17b Prostate and Testicular Cancer Research and Education Fund
- 17c 9/11 Memorial
- 17d Volunteer Firefighting & EMS Recruitment Fund
- 17e Veterans Remembrance
- 17f Women's Cancers Education and Prevention Fund
- 18 Balance due
- 19 Amount of overpayment credited to next period -- NYS
- 20 Refund of overpayment
- 21 Refund of unused tax credits
- 22 Tax credits to be credited as an overpayment to next year's return
- 23 Amount of overpayment credited to next period -- MTA
- 24 Amount of MTA surcharge retaliatory tax credit to be refunded
- 25 Fixed dollar minimum
- 26 Designated agent's (Article 9-A) or combined parent's (Article 33) EIN
- 27 New York receipts
- 28 Have you been convicted of an offense (NYS Penal Law, Art. 200 or 490, or section 195.20)?
- 29 Paid preparer's EIN
- 30 Preparer's NYTPRN
- 31 Excl. code

Payment enclosed

2.		25.	
3.	CT38		
4.	52	-	2451231
5.	AA5		
6.	01	-	01 - 15
7.	12	-	31 - 15
8.	0		
9.	0		
10.	0		
11.	485320		
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For office use only

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Page 2 of 6 CT-3-S (2015)

DIVINE LIMO INC

52-2451231

Provide the information for lines 1 through 10 from the corresponding lines on your federal Form 1120S, Schedule K, total amount column. (Show any negative amounts with a minus (-) sign; do not use parentheses or brackets.)

1	Ordinary business income or loss	1	-1,216.
2	Net rental real estate income or loss	2	
3	Other net rental income or loss	3	
4	Interest income	4	
5	Ordinary dividends	5	
6	Royalties	6	
7	Net short-term capital gain or loss	7	
8	Net long-term capital gain or loss	8	
9	Net section 1231 gain or loss	9	
10	Other income or loss	10	
11	Loans to shareholders (from federal Form 1120S, Schedule L, line 7, columns b and d)		
	Beginning of tax year	End of tax year	
12	Total assets (from federal Form 1120S, Schedule L, line 15, columns b and d)		
	Beginning of tax year	End of tax year	-1,216.
13a	Loans from shareholders (from federal Form 1120S, Schedule L, line 19, columns b and d)		
	Beginning of tax year	End of tax year	
13b	If any portion of such loans was used as basis to deduct current or suspended loss, enter the amount used	13b	

Provide the information for lines 14 through 21 from the corresponding lines on your federal Form 1120S, Schedule M-2. (Show any negative amounts with a minus (-) sign; do not use parentheses or brackets.)

	A Accumulated adjustments account	B Other adjustments account	C Shareholders' undistributed taxable income previously taxed
14	Balance at beginning of tax year		
15	Ordinary income from federal Form 1120S, page 1, line 21		
16	Other additions		
17	Loss from federal Form 1120S, page 1, line 21	1,216.	
18	Other reductions		
19	Combine lines 14 through 18	-1,216.	
20	Distributions other than dividend distributions		
21	Balance at end of tax year. Subtract line 20 from line 19	-1,216.	

Computation of tax (see instructions)

Have you been convicted of an offense, or are you an owner of an entity convicted of an offense, defined in

New York State Penal Law Article 200 or 496, or section 195.20? (see Form CT-1, mark an X in one box)

Yes ☐ No ☐

You must enter an amount on line 22; if none, enter 0

22	New York receipts (from line 103, column A (New York State))	22	
23	Fixed dollar minimum tax (see instructions)	23	25.
24	Recapture of tax credits (see instructions)	24	
25	Total tax after recapture of tax credits (add lines 23 and 24)	25	25.
26	Special additional mortgage recording tax credit (current year or deferred; see instructions)	26	
27	Tax due after tax credits (subtract line 26 from line 25)	27	25.
First installment of estimated tax for the next tax period:			
28	Enter amount from line 27	28	25.
29	If you filed a request for extension, enter amount from Form CT-5.4, line 2	29	
30	If you did not file Form CT-5.4 and line 28 is over \$1,000, enter 25% (.25) of line 28. Otherwise enter 0	30	0.
31	Add line 28 and line 29 or 30	31	25.

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Department of Taxation and Finance

New York S Corporation Franchise Tax Return

CT-3-S

Tax Law — Articles 9-A and 22

Final return (see instructions)

Amended return

All filers must enter tax period:

beginning 01-01-15

ending 12-31-15

Employer identification number (EIN) 52-2451231	File number AA5	Business telephone number 917-577-7039	If you claim an overpayment, mark an X in the box <input type="checkbox"/>
Legal name of corporation DIVINE LIMO INC		Trade name/DBA	
Mailing name (if different from legal name above) c/o Number and street or PO box 163-35 130TH AVENUE APT 6D		State or country of incorporation NY	Date received (for Tax Department use only)
City JAMAICA		Date of incorporation 02-03-05	Foreign corporations: date began business in NYS
State NY		ZIP code 11434	
NAICS business code number (from NYS Pub 910) 485320	If address/phone above is new, mark an X in the box <input type="checkbox"/>	If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See Business Information in Form CT-1.	New York S election effective date
NYS principal business activity LIMO SERVICE		Audit (for Tax Department use only)	
Has the corporation revoked its election to be treated as a New York S corporation? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, enter effective date:		Number of shareholders 1	
A Pay amount shown on line 46. Make payable to: New York State Corporation Tax Attach your payment here. Detach all check stubs. (See Instructions for details.)			Payment enclosed 25.

You must attach a copy of the following: (1) federal Form 1120S as filed; (2) Form CT-34-SH; (3) Form CT-60; (4) any applicable credit claim forms, and (5) Form CT-225.

- B If you filed a return(s) other than federal Form 1120S, enter the form number(s) here
- C Enter your business apportionment percentage (from line 104) 0.0000 %
- D Did the S corporation make an IRC section 338 or 453 election? Yes ☐ No ☐
- E Did this entity have an interest in real property located in New York State during the last three years? Yes ☐ No ☐
- F Has there been a transfer or acquisition of a controlling interest in this entity during the last three years? Yes ☐ No ☐
- G If the IRS has completed an audit of any of your returns within the last five years, list years
- H If this return is for a New York S termination year, mark an X in the appropriate box to indicate which method of accounting was used for the New York S short year (see Instructions, page 4) Normal accounting rules ☐ Daily pro rata allocation ☐
- I Mark an X in the box if you are filing Form CT-3-S as a result of the mandatory New York S election of Tax Law, Article 22, section 660(f) ☐
- J If you are one of the following, mark an X in one box: QETC ☐ Qualified New York manufacturer ☐
- K If you filed as a New York C corporation in previous years, enter the last year filed as such
- L Are you a residual interest holder in a real estate mortgage investment conduit (REMIC)? Yes ☐ No ☐

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DIVINE LIMO INC

52-2451231

CT-3-S (2015) Page 3 of 8

Computation of tax (continued)

Composition of prepayments (see instructions):		Date paid	Amount
32	Mandatory first installment	32	
33	Second installment from Form CT-400	33	
34	Third installment from Form CT-400	34	
35	Fourth installment from Form CT-400	35	
36	Payment with extension request from Form CT-5.4	36	
37	Overpayment credited from prior years (see instructions)	37	
38	Total prepayments (add lines 32 through 37)	38	
39	Balance (subtract line 38 from line 31; if line 38 is larger than line 31, enter 0)	39	25.
40	Estimated tax penalty (see instructions; mark an X in the box if Form CT-222 is attached)	40	0.
41	Interest on late payment (see instructions)	41	
42	Late filing and late payment penalties (see instructions)	42	
43	Balance (add lines 39 through 42)	43	25.
Voluntary gifts/contributions (see instructions):			
44a	Return a Gift to Wildlife	44a	
44b	Breast Cancer Research & Education Fund	44b	
44c	Prostate and Testicular Cancer Research and Education Fund	44c	
44d	9/11 Memorial	44d	
44e	Volunteer Firefighting & EMS Recruitment Fund	44e	
44f	Veterans Remembrance	44f	
44g	Women's Cancers Education and Prevention Fund	44g	
45	Add lines 31, 40, 41, 42, and 44a through 44g	45	25.
46	Balance due (if line 38 is less than line 45, subtract line 38 from line 45 and enter here. This is the amount due; enter your payment amount on line A on page 1.)	46	25.
47	Overpayment (if line 38 is more than line 45, subtract line 45 from line 38 and enter here. This is the amount of your overpayment; see instructions.)	47	
48	Amount of overpayment to be credited to next period (see instructions)	48	
49	Refund of overpayment (subtract line 48 from line 47; see instructions)	49	

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CT-3-S (2015) Page 4 of 6 DIVINE LIMO INC

52-2451231

Computation of business apportionment factor (see instructions)

	A New York State	B Everywhere
Section 210-A.2		
50 Sales of tangible personal property	50	
51 Sales of electricity	51	
52 Net gains from sales of real property	52	
Section 210-A.3		
53 Rentals of real and tangible personal property	53	
54 Royalties from patents, copyrights, trademarks, and similar intangible personal property	54	
55 Sales of rights for certain closed-circuit and cable TV transmissions of an event	55	
Section 210-A.4		
56 Sale, licensing, or granting access to digital products	56	
Section 210-A.5(a)(1) – Fixed percentage method for qualified financial instruments (QFIs)		
57 To make this irrevocable election, mark an X in the box (see instructions)		57 <input type="checkbox"/>
Section 210-A.5(a)(2) – Mark an X in each box that is applicable (see instructions)		
Section 210-A.5(a)(2)(A)		
58 Interest from loans secured by real property	58	
59 Net gains from sales of loans secured by real property	59	
60 Interest from loans not secured by real property (QFI <input type="checkbox"/>)	60	
61 Net gains from sales of loans not secured by real property (QFI <input type="checkbox"/>)	61	
Section 210-A.5(a)(2)(B) (QFI <input type="checkbox"/>)		
62 Interest from federal debt	62	
63 Net gains from federal debt	63	
64 Interest from NYS and its political subdivisions debt	64	
65 Net gains from NYS and its political subdivisions debt	65	
66 Interest from other states and their political subdivisions debt	66	
67 Net gains from other states and their political subdivisions debt (QFI <input type="checkbox"/>)	67	
Section 210-A.5(a)(2)(C) (QFI <input type="checkbox"/>)		
68 Interest from asset-backed securities and other government agency debt	68	
69 Net gains from government agency debt or asset-backed securities sold through an exchange	69	
70 Net gains from all other asset-backed securities	70	
Section 210-A.5(a)(2)(D) (QFI <input type="checkbox"/>)		
71 Interest from corporate bonds	71	
72 Net gains from corporate bonds sold through broker/dealer or licensed exchange	72	
73 Net gains from other corporate bonds	73	
Section 210-A.5(a)(2)(E)		
74 Net interest from reverse repurchase and securities borrowing agreements	74	
Section 210-A.5(a)(2)(F)		
75 Net interest from federal funds	75	
Section 210-A.5(a)(2)(I) (QFI <input type="checkbox"/>)		
76 Net income from sales of physical commodities	76	
Section 210-A.5(a)(2)(J) (QFI <input type="checkbox"/>)		
77 Marked to market net gains	77	
Section 210-A.5(a)(2)(H) (QFI <input type="checkbox"/>)		
78 Interest from other financial instruments	78	
79 Net gains and other income from other financial instruments	79	

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DIVINE LIMO INC

52-2451231

CT-3-S (2016) Page 6 of 6

Computation of business apportionment factor (continued)

	A New York State	B Everywhere
Section 210-A.5(b)		
80 Brokerage commissions	80	
81 Margin interest earned on behalf of brokerage accounts	81	
82 Fees for advisory services for underwriting or management of underwriting	82	
83 Receipts from primary spread of selling concessions	83	
84 Receipts from account maintenance fees	84	
85 Fees for management or advisory services	85	
86 Interest from an affiliated corporation	86	
Section 210-A.5(c)		
87 Interest, fees, and penalties from credit cards	87	
88 Service charges and fees from credit cards	88	
89 Receipts from merchant discounts	89	
90 Receipts from credit card authorizations and settlement processing	90	
91 Other credit card processing receipts	91	
Section 210-A.5(d)		
92 Receipts from certain services to investment companies	92	
Section 210-A.6		
93 Receipts from railroad and trucking business	93	
Section 210-A.6-a		
94 Receipts from the operation of vessels	94	
Section 210-A.7		
95 Receipts from air freight forwarding	95	
96 Receipts from other aviation services	96	
Section 210-A.8		
97 Advertising in newspapers or periodicals	97	
98 Advertising on television or radio	98	
99 Advertising via other means	99	
Section 210-A.9		
100 Transportation or transmission of gas through pipes	100	
Section 210-A.10		
101 Receipts from other services/activities not specified	101	
Section 210-A.11		
102 Discretionary adjustments	102	
Total receipts		
103 Add lines 80 through 102, columns A and B	103	
Calculation of business apportionment factor		
104 New York State business apportionment factor (divide line 103, column A by line 103, by column B; round to the fourth decimal place)	104	0.0000

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CT-3-S (2015) Page 6 of 6 DIVINE LIMO INC

52-2451231

Amended return information

If filing an amended return, mark an X in the box for any items that apply and attach documentation.

Final federal determination • ☐ If marked, enter date of determination: • _____

Third — party designee (see instructions)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Designee's name (print)	Designee's phone number
	Designee's e-mail address		PIN

Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

Authorized person	Printed name of authorized person	Signature of authorized person	Official title
	E-mail address of authorized person	Telephone number 917-577-7039	Date
Paid preparer use only (see instr.)	Firm's name (or yours if self-employed) ALBERT LOCKWOOD TAX SERVICE	Firm's EIN	Preparer's PTIN or SSN P00160156
	Signature of individual preparing this return Albert E. Lockwood IV	Address 640 RIVERSIDE DR	City NEW YORK
	E-mail address of individual preparing this return ALOCKWOODIV@GMAIL.COM	State NY	ZIP code 10031-6944
	Preparer's NYTPRN 10856037	or	Excl. code 10-15-16

See instructions for where to file.

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Department of Taxation and Finance

New York S Corporation Shareholders' Information Schedule

CT-34-SH

Legal name of corporation DIVINE LIMO INC	Employer identification number (EIN) 52-2451231
---	---

Attach to Form CT-3-S

Schedule A – Shareholders' New York State modifications and credits (Enter the total amount reported by the New York S corporation on each line. Each shareholder must include his or her pro rata share of these amounts on his or her personal income tax return.)

Part 1 – Total shareholder modifications related to S corporation items (see instructions)

Additions	1	New York State franchise tax imposed under Article 9-A	1	
	2	Federal depreciation deduction from Form CT-399, if applicable	2	
	3	Other additions (attach Form CT-225)	3	
Subtractions	4	Allowable New York depreciation from Form CT-399, if applicable	4	
	5	Other subtractions (attach Form CT-225)	5	
Other items (attach explanation)	6	Additions to federal itemized deductions	6	
	7	Subtractions from federal itemized deductions	7	

Part 2 – Total S corporation New York State credits and taxes on early dispositions (see instructions; attach applicable forms)
START-UP NY tax credits (see instructions)

8	START-UP NY business certificate number	8	
9	Year of the START-UP NY business tax benefit period (enter the year number from 1 to 10)	9	
10	START-UP NY telecommunication services excise tax credit (Form CT-640)	10	
11	Recapture of START-UP NY tax benefits (Form CT-645)	11	
12	START-UP NY tax elimination credit tax free NY area allocation factor (Form CT-638)	12	
13	START-UP NY tax elimination credit business allocation factor (Form CT-638)	13	
START-UP NY tax elimination credit factors from partnership (for multiple partnerships attach separate statement; see instructions)			
14	START-UP NY partnership EIN	14	
15	START-UP NY business certificate number (obtain number from your partnership)	15	
16	Year of the START-UP NY business tax benefit period (enter the year number from 1 to 10; obtain number from your partnership)	16	
17	START-UP NY tax elimination credit tax free NY area allocation factor (obtain factor from your partnership)	17	
18	START-UP NY tax elimination credit business allocation factor (obtain factor from your partnership)	18	

Investment tax credits (see instructions)

19	Investment tax credit and employment incentive credit (Form CT-48)	19	
20	Investment tax credit on research and development property (Form CT-46)	20	
21	Investment tax credit for financial services industry (Form CT-44)	21	
22	Tax on early dispositions – investment tax credit, retail enterprise tax credit, historic barn credit, investment tax credit on research and development property, or investment tax credit for financial services industry (Form CT-44 or CT-46)	22	

Empire zone (EZ) tax credits (see instructions)

23	EZ investment tax credit (Form CT-603)	23	
24	EZ investment tax credit for financial services industry (Form CT-605)	24	
25	Recaptured tax credit – EZ capital tax credit, EZ investment tax credit, or EZ investment tax credit for financial services industry (Form CT-602, CT-603, or CT-605)	25	

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Page 2 of 4 CT-34-SH (2015) DIVINE LIMO INC

52-2451231

Part 2 — Total S corporation New York State credits and taxes on early dispositions (continued)

Qualified empire zone enterprise (QEZE) tax credits (see instructions)		
26	QEZE real property tax credit allowed (Form CT-606)	26
27	Net recapture of QEZE real property tax credit (Form CT-606)	27
28	QEZE tax reduction credit employment increase factor (Form CT-604)	28
29	QEZE tax reduction credit zone allocation factor (Form CT-604)	29
30	QEZE tax reduction credit benefit period factor (Form CT-604)	30
QEZE tax reduction credit factors from partnership (for multiple partnerships attach separate statement; see instructions)		
31	QEZE partnership EIN	31
32	QEZE employment increase factor (obtain factor from your partnership)	32
33	QEZE zone allocation factor (obtain factor from your partnership)	33
34	QEZE benefit period factor (obtain factor from your partnership)	34
Farmers' school tax credit (see instructions)		
35	Total acres of qualified agricultural property	35
36	Total amount of eligible school district property taxes paid	36
37	Total acres of qualified agricultural property converted to nonqualified use	37
38	Total acres of qualified conservation property	38
Other credits (attach applicable forms)		
39	Recapture of alternative fuels credit (Form CT-40)	39
40	Credit for employment of persons with disabilities (Form CT-41)	40
41	Rehabilitation of historic properties credit (Form CT-238)	41
42	Recapture of rehabilitation of historic properties credit (Form CT-238)	42
43	Clean heating fuel credit (Form CT-241)	43
44	Biofuel production credit (Form CT-243)	44
45	Empire State commercial production credit (Form CT-246)	45
46	Empire State film production credit for the current year (Form CT-248)	46
47	Empire State film production credit for the second year (Form CT-248)	47
48	Empire State film production credit for the third year (Form CT-248)	48
49	Long-term care insurance credit (Form CT-249)	49
50	Credit for purchase of an automated external defibrillator (Form CT-250)	50
51	Empire State film post-production credit for the current year (Form CT-261)	51
52	Empire State film post-production credit for the second year (Form CT-261)	52
53	Empire State film post-production credit for the third year (Form CT-261)	53
54	Excelsior jobs tax credit component (Form CT-607)	54
55	Excelsior investment tax credit component (Form CT-607)	55
56	Excelsior research and development tax credit component (Form CT-607)	56
57	Excelsior real property tax credit component (Form CT-607)	57
58	Recapture of excelsior jobs program tax credit (Form CT-607)	58
59	Brownfield redevelopment tax credit site preparation credit component (Form CT-611)	59
60	Brownfield redevelopment tax credit tangible property credit component (Form CT-611)	60
61	Brownfield redevelopment tax credit on-site groundwater remediation credit component (Form CT-611)	61
62	Recapture of brownfield redevelopment tax credit (Form CT-611)	62
63	Brownfield redevelopment tax credit site preparation credit component (Form CT-611.1)	63
64	Brownfield redevelopment tax credit tangible property credit component (Form CT-611.1)	64
65	Brownfield redevelopment tax credit on-site ground water remediation credit component (Form CT-611.1)	65
66	Recapture of brownfield redevelopment tax credit (Form CT-611.1)	66
67	Brownfield redevelopment tax credit site preparation credit component (Form CT-611.2)	67
68	Brownfield redevelopment tax credit tangible property credit component (Form CT-611.2)	68
69	Brownfield redevelopment tax credit on-site ground water remediation credit component (Form CT-611.2)	69
70	Recapture of brownfield redevelopment tax credit (Form CT-611.2)	70
71	Remediated brownfield credit for real property taxes (Form CT-612)	71
72	Recapture of remediated brownfield credit for real property taxes (Form CT-612)	72
73	Environmental remediation insurance credit (Form CT-613)	73
74	Recapture of environmental remediation insurance credit (Form CT-613)	74

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DIVINE LIMO INC

52-2451231

CT-34-SH (2015) Page 3 of 4

Part 2 – Total S corporation New York State credits and taxes on early dispositions (continued)

75	Security officer training tax credit (attach Form CT-631)	75
76	Economic transformation and facility redevelopment program jobs tax credit component (Form CT-633)	76
77	Economic transformation and facility redevelopment program investment tax credit component (Form CT-633)	77
78	Economic transformation and facility redevelopment program job training tax credit component (Form CT-633)	78
79	Economic transformation and facility redevelopment program real property tax credit component (Form CT-633)	79
80	Recapture of economic transformation and facilities redevelopment program tax credit (Form CT-633)	80
81	Taxicabs and livery service vehicles accessible to persons with disabilities credit (Form CT-236)	81
82	QETC employment credit (Form DTF-621)	82
83	QETC capital tax credit (Form DTF-622)	83
84	Recapture of QETC capital tax credit (Form DTF-622)	84
85	Low-income housing credit (Form DTF-624)	85
86	Recapture of low-income housing credit (Form DTF-626)	86
87	Empire state jobs retention credit (Form CT-634)	87
88	Recapture of empire state jobs retention credit (Form CT-634)	88
89	Urban youth jobs program credit (Form CT-635)	89
90	Beer production credit (Form CT-636)	90
91	Alternative fuels and electric vehicle recharging property credit (Form CT-637)	91
92	Recapture of alternative fuels and electric vehicle recharging property credit (Form CT-637)	92
93	Minimum wage reimbursement credit (Form CT-639)	93
94	Real property tax credit for manufacturers (Form CT-641)	94
95	Recapture of real property tax credit for manufacturers (Form CT-641)	95
96	Empire state musical and theatrical production credit (Form CT-642)	96
97	Hire a veteran credit (Form CT-643)	97
98	Workers with disabilities tax credit (Form CT-644)	98
99	Employee training incentive program tax credit (Form CT-646)	99
100	New York City general corporation tax credit (see instructions)	100
101	Other tax credit(s) and recapture(s) (see instructions)	101

(complete Schedule B on the last page)

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Page 4 of 4 CT-34-SH (2015) DIVINE LIMO INC

52-2451231

Schedule B – Shareholders' Identifying Information (see instructions)Photocopy Schedule B as needed. Attach all additional schedules to this form. Also mark an X in the box. ☐

A For each shareholder, enter last name, first name, middle initial on first line; enter home address on second and third lines. (attach federal Schedule K-1 for each shareholder)	B Identifying number (SSN or EIN)	C Percentage of ownership	D Shareholder residency status (make only one entry) 1 for New York State 2 for New York City 3 for Yonkers 4 for NYS nonresident	E Shareholder entity status (make only one entry) I for individual F for estate or trust E for exempt organization
1 JONES DAVID 163-35 130TH AVENUE STE 6 JAMAICA NY 11434	1 108-52-0292	100.0000	1	I
2	2			
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Schedule K-1 Form CT-3-S	New York Schedule K-1 Equivalent For calendar year 2015 or tax year beginning , 2016, and ending	2015
Shareholder's Identification Number 108-52-0292		Corporation's Identification Number 52-2451231
Shareholder's Name, Address and ZIP Code DAVID JONES 163-35 130TH AVENUE STE 6D JAMAICA, NY 11434		Corporation's Name, Address and ZIP Code DIVINE LIMO INC 163-35 130TH AVENUE APT 6D JAMAICA, NY 11434
Check if NYS Nonresident <input type="checkbox"/>		Number of shares: 100 From: To:
Percentage of stock ownership: 100.00000		
Shareholders' Share of Income, Credits, Deductions, Etc.		Federal K-1 Amount
1 Ordinary business income (loss)		-1,216.
2 Net rental real estate income (loss)		
3 Other net rental income (loss)		
4 Interest income		
5 Ordinary dividends		
6 Royalties		
7 Net short-term capital gain (loss)		
8 Net long-term capital gain (loss)		
9 Net section 1231 gain (loss)		
10 Other income (loss)		
11 Total income (loss) (add lines 1 through 10)		-1,216.
12 Section 179 expense deduction		
13 Other deductions		
14 Total deductions (add lines 12 through 13)		
15 Investment interest expense		
16 Foreign taxes paid		
17 Property distributions		
18 Repayment of loans from shareholders		
Schedule A, Part I — Shareholders' Shares of Changes from Federal Items		
Additions		
19 New York franchise tax imposed under Article 9-A	19	
20 Federal depreciation deduction (from Form CT-389)	20	
21 Other additions	21	
Subtractions		
22 Allowable New York depreciation (from Form CT-389)	22	
23 Other subtractions	23	
Other Items		
24 Additions to federal itemized deductions	24	
25 Subtractions from federal itemized deductions	25	
Schedule A, Part II — Shareholders' Shares of New York S Corporation's New York State Tax Credits and Taxes on Early Dispositions		
26a START-UP NY business certificate number	26	
b Year of the START-UP NY business tax benefit period (enter the year number from 1 to 10)	26b	
c START-UP NY telecommunication services excise tax credit (Form CT-640)	26c	
d Recapture of START-UP NY tax benefits (Form CT-645)	26d	
e START-UP NY tax elimination credit tax free NY area allocation factor (Form CT-638)	26e	
f START-UP NY tax elimination credit three factor formula business allocation percentage (Form CT-638)	26f	
START-UP NY tax elimination credit factors from partnership (for multiple partnerships attach separate statement, see instructions)	26g	
g START-UP NY partnership EIN	26g	
h START-UP NY business certificate number (obtain number from your partnership)	26h	
i Year of the START-UP NY business tax benefit period (enter the year number from 1 to 10; obtain number from your partnership)	26i	
j START-UP NY tax elimination credit tax free NY area allocation factor (obtain factor from your partnership)	26j	
k START-UP NY tax elimination credit three factor formula business allocation percentage (obtain percentage from your partnership)	26k	
27 Investment Tax Credit and Employment Incentive Credit	27	
28 Investment Tax Credit on research and development property at the optional rate	28	
29 Investment Tax Credit for financial services industry	29	
30 Tax on early dispositions — Investment Tax Credit, Retail Enterprise Tax Cr, Historic Barn Cr, or Research and Development Tax Cr	30	
31 EZ Investment Tax Credit	31	
32 EZ Investment Tax Credit for financial services industry	32	
33 Recaptured tax credit — EZ capital tax credit, EZ investment tax credit, or EZ investment tax credit for financial service industry	33	
34 QEZE real property tax credit allowed	34	
35 Recapture of QEZE real property tax credit	35	
36 QEZE employment increase factor	36	
37 QEZE zone allocation factor	37	
38 QEZE benefit period factor	38	

DAVID JONES

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39	<u>OEZE partnership employer identification number</u>	39	
40	<u>OEZE employment increase factor</u>	40	
41	<u>OEZE zone allocation factor</u>	41	
42	<u>OEZE benefit period factor</u>	42	
43	Total acres of qualified agricultural property.....	43	
44	Total amount of eligible taxes paid.....	44	
45	Total acres of qualified agricultural property converted to nonqualified use.....	45	
46	Total acres of qualified conservation property.....	46	
47	Recapture of Alternative Fuels Credit.....	47	
48	Credit for employment of persons with disabilities.....	48	
49	Rehabilitation of historic properties credit.....	49	
50	Recapture of rehabilitation of historic properties credit.....	50	
51	Clean heating fuel credit.....	51	
52	Bio fuel production credit.....	52	
53	Empire State commercial production credit.....	53	
54	Empire state film production credit.....	54	
55	Empire state film production credit for the second year.....	55	
56	Empire state film production credit for the third year.....	56	
57	Long-term care insurance credit.....	57	
58	Credit for purchase of an automated external defibrillator.....	58	
59a	Empire State film post-production credit.....	59a	
59b	Empire State film post-production credit for second year (Form CT-261).....	59b	
59c	Empire State film post-production credit for third year (Form CT-261).....	59c	
60	Excelsior jobs tax credit component.....	60	
61	Excelsior investment tax credit component.....	61	
62	Excelsior research and development tax credit component.....	62	
63	Excelsior real property tax credit component.....	63	
64	Recapture of excelsior jobs program tax credit.....	64	
65	Brownfield redevelopment tax credit — site preparation credit component.....	65	
66	Brownfield redevelopment tax credit — tangible property credit component.....	66	
67	Brownfield redevelopment tax credit — on-site ground water remediation credit component.....	67	
68	Recapture of brownfield redevelopment tax credit.....	68	
69	Brownfield redevelopment credit — site preparation credit component.....	69	
70	Brownfield redevelopment credit — tangible property credit component.....	70	
71	Brownfield redevelopment credit — on-site ground water remediation credit component.....	71	
72	Recapture of brownfield redevelopment credit.....	72	
73	Brownfield redevelopment tax credit — site preparation credit component (Form CT-611.2).....	73	
74	Brownfield redevelopment tax credit — tangible property credit component (Form CT-611.2).....	74	
75	Brownfield redevelopment tax credit — on-site ground water remediation credit component (Form CT-611.2).....	75	
76	Recapture of brownfield redevelopment tax credit (Form CT-611.2).....	76	
77	Remediated brownfield credit for real property taxes.....	77	
78	Recapture of remediated brownfield credit for real property taxes.....	78	
79	Environmental remediation insurance credit.....	79	
80	Recapture of environmental remediation insurance credit.....	80	
81	Security officer training credit.....	81	
82	Economic transformation and facility redevelopment program jobs tax credit component.....	82	
83	Economic transformation and facility redevelopment program investment tax credit component.....	83	
84	Economic transformation and facility redevelopment program job training tax credit component.....	84	
85	Economic transformation and facility redevelopment program real property tax credit component.....	85	
86	Recapture of economic transformation and facility redevelopment program tax credit (Form CT-633).....	86	
87	Taxicabs and livery service vehicles accessible to persons with disabilities credit (Form CT-236).....	87	
88	QETC employment credit.....	88	
89	QETC capital tax credit.....	89	
90	Recapture of QETC capital tax credit.....	90	
91	Low-income housing credit.....	91	
92	Recapture of low-income housing credit.....	92	
93	Empire state jobs retention credit (Form CT-634).....	93	
94	Recapture of empire state jobs retention credit (Form CT-634).....	94	

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85 Urban youth works credit (Form CT-635)	85	
86 Beer production credit (Form CT-636)	86	
87 Alternative fuels and electric vehicle recharging property credit (Form CT-637)	87	
88 Recapture of alternative fuels and electric vehicle recharging property credit (Form CT-637)	88	
89 Minimum wage reimbursement credit (Form CT-639)	89	
100 Real property tax credit for manufacturers (Form CT-641)	100	
101 Recapture of real property tax credit for manufacturers (Form CT-641)	101	
102 Empire state musical and theatrical production credit (Form CT-642)	102	
103 Hire a veteran credit (Form CT-643)	103	
104 Workers with disabilities tax credit (Form CT-644)	104	
105 Employee training incentive program tax credit tax credit (Form CT-646)	105	
106 New York City general corporation tax credit	106	
107 Other tax credits	107	

Supplemental Information

Supplemental information required to be reported by each shareholder:

New York Column

Federal Column

Form **1120S****U.S. Income Tax Return for an S Corporation**

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.
Information about Form 1120S and its separate instructions is at www.irs.gov/form1120s.

2015

For calendar year 2015 or tax year beginning

, 2015, ending

A S election effective date 02/03/05	TYPE OR PRINT	Name DIVINE LIMO INC	D Employer identification number 52-2451231
B Business activity code number (see instructions) 485320		Number, street, and room or suite no. If a P.O. box, see instructions. 163-35 130TH AVENUE APT 6D	E Date incorporated 02/03/05
C Check if Schedule M-3 attached <input type="checkbox"/>		City or town, state or province, country, and ZIP or foreign postal code JAMAICA NY 11434	F Total assets (see instructions) \$ -1,216,

G Is the corporation electing to be an S corporation beginning with this tax year? Yes ☐ No ☒ If "Yes," attach Form 2553 if not already filed

H Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change
(4) ☐ Amended return (5) ☐ S election termination or revocation

I Enter the number of shareholders who were shareholders during any part of the tax year 1**Caution.** Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

INCOME	1 a Gross receipts or sales	1 a	49,836.	
	b Returns and allowances	1 b		
	c Balance. Subtract line 1b from line 1a	1 c	49,836.	
	2 Cost of goods sold (attach Form 1125-A)	2		
	3 Gross profit. Subtract line 2 from line 1c	3	49,836.	
	4 Net gain (loss) from Form 4797, line 17 (attach Form 4797)	4		
DEDUCTIONS	5 Other income (loss) (see instructions - all statement)	5		
	6 Total income (loss). Add lines 3 through 5	6	49,836.	
	7 Compensation of officers (see instructions - attach Form 1125-E)	7	38,245.	
	8 Salaries and wages (less employment credits)	8		
	9 Repairs and maintenance	9		
	10 Bad debts	10		
	11 Rents	11		
	12 Taxes and licenses	12	1,708.	
	13 Interest	13		
	14 Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	14		
	15 Depletion (Do not deduct oil and gas depletion.)	15		
	16 Advertising	16		
	17 Pension, profit-sharing, etc. plans	17		
	18 Employee benefit programs	18		
TAX AND PAYMENTS	19 Other deductions (attach statement) STMT	19	11,099.	
	20 Total deductions. Add lines 7 through 19	20	51,052.	
	21 Ordinary business income (loss). Subtract line 20 from line 6	21	-1,216.	
	22 a Excess net passive income or LIFO recapture tax (see instructions)	22 a		
	b Tax from Schedule D (Form 1120S)	22 b		
	c Add lines 22a and 22b (see instructions for additional taxes)	22 c		
	23 a 2015 estimated tax payments and 2014 overpayment credited to 2015	23 a		
	b Tax deposited with Form 7004	23 b		
	c Credit for federal tax paid on fuels (attach Form 4136)	23 c		
24 Add lines 23a through 23c	24			
25 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	25			
26 Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed	26			
27 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid	27			
28 Enter amount from line 26 Credited to 2016 estimated tax	28			
29 Refunded	29			

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer _____ Date _____ Title _____

May the IRS discuss this return with the preparer shown below (see instructions)? Yes ☐ No ☐

Paid Preparer Use Only

Print/type preparer's name _____ Preparer's signature _____ Date _____ Check ☒ If self-employed PTIN _____
Firm's name **ALBERT LOCKWOOD TAX SERVICE** Firm's EIN _____
Firm's address **640 RIVERSIDE DR** Phone no. _____
NEW YORK NY 10031-6944

BAA For Paperwork Reduction Act Notice, see separate instructions.

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Form 1120S (2016) DIVINE LIMO INC

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Other information (see instructions)					Yes	No
1 Check accounting method: a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) _____						
2 See the instructions and enter the:						
a Business activity: <u>Limo Service</u> b Product or service: <u>Private Car Service</u>						
3 At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation						X
4 At the end of the tax year, did the corporation:						
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below.						X
(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) is 100%, Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made		
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below.						X
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum % Owned in Profit, Loss, or Capital		
5a At the end of the tax year, did the corporation have any outstanding shares of restricted stock? If "Yes," complete lines (i) and (ii) below.						X
(i) Total shares of restricted stock						
(ii) Total shares of non-restricted stock						
b At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? If "Yes," complete lines (i) and (ii) below.						X
(i) Total shares of stock outstanding at the end of the tax year						
(ii) Total shares of stock outstanding if all instruments were executed						
6 Has this corporation filed, or is it required to file, Form 8818, Material Advisor Disclosure Statement, to provide information on any reportable transaction?						X
7 Check this box if the corporation issued publicly offered debt instruments with original issue discount. If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.						
8 If the corporation: (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years (see instructions)						
9 Enter the accumulated earnings and profits of the corporation at the end of the tax year.						
10 Does the corporation satisfy both of the following conditions?						
a The corporation's total receipts (see instructions) for the tax year were less than \$250,000						
b The corporation's total assets at the end of the tax year were less than \$250,000. If "Yes," the corporation is not required to complete Schedules L and M-1.					X	
11 During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? If "Yes," enter the amount of principal reduction						X
12 During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions						X
13 a Did the corporation make any payments in 2016 that would require it to file Form(s) 1099?						X
b If "Yes," did the corporation file or will it file required Forms 1099?						

Form 1120S (2016)

Form 1120S (2015) DIVINE LIMO INC

52-2451231

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Shareholders' Pro Rata Share Items		Total amount
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)	1 -1,216.
	2 Net rental real estate income (loss) (attach Form 8825)	2
	3a Other gross rental income (loss)	3a
	b Expenses from other rental activities (attach statement)	3b
	c Other net rental income (loss). Subtract line 3b from line 3a	3c
	4 Interest income	4
	5 Dividends: a Ordinary dividends	5a
	b Qualified dividends	5b
	6 Royalties	6
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7
Deductions	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a
	b Collectibles (28%) gain (loss)	8b
	c Unrecaptured section 1250 gain (attach statement)	8c
	9 Net section 1231 gain (loss) (attach Form 4797)	9
10 Other income (loss) (see instructions) Type ▶	10	
Credits	11 Section 179 deduction (attach Form 4562)	11
	12a Charitable contributions	12a
	b Investment interest expense	12b
	c Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶	12c (2)
Foreign Transactions	d Other deductions (see instructions) Type ▶	12d
	13a Low-income housing credit (section 42(j)(5))	13a
	b Low-income housing credit (other)	13b
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	13c
	d Other rental real estate credits (see instrs) Type ▶	13d
	e Other rental credits (see instrs) Type ▶	13e
	f Biofuel producer credit (attach Form 6478)	13f
g Other credits (see instructions) Type ▶	13g	
Alternative Minimum Tax (AMT) Items	14a Name of country or U.S. possession	14a
	b Gross income from all sources	14b
	c Gross income sourced at shareholder level	14c
	Foreign gross income sourced at corporate level	
	d Passive category	14d
	e General category	14e
	f Other (attach statement)	14f
	Deductions allocated and apportioned at shareholder level	
	g Interest expense	14g
	h Other	14h
	Deductions allocated and apportioned at corporate level to foreign source income	
	i Passive category	14i
	j General category	14j
	k Other (attach statement)	14k
Other information		
l Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	14l	
m Reduction in taxes available for credit (attach statement)	14m	
n Other foreign tax information (attach statement)		
Items Affecting Shareholder Basis	15a Post-1986 depreciation adjustment	15a
	b Adjusted gain or loss	15b
	c Depletion (other than oil and gas)	15c
	d Oil, gas, and geothermal properties — gross income	15d
	e Oil, gas, and geothermal properties — deductions	15e
	f Other AMT items (attach statement)	15f
Items Affecting Shareholder Basis	16a Tax-exempt interest income	16a
	b Other tax-exempt income	16b
	c Nondeductible expenses	16c
	d Distributions (attach stmt if required) (see instrs)	16d
	e Repayment of loans from shareholders	16e

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Form 1120S (2015) DIVINE LIMO, INC.

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Shareholders' Pro Rata Share Items (continued)		Total amount
Other Information	17a Investment income	17a
	b Investment expenses	17b
	c Dividend distributions paid from accumulated earnings and profits	17c
	d Other items and amounts (attach statement)	

Reconciliation	18 Income/loss reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14i	18	-1,216.
----------------	--	----	---------

Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash				-1,216.
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts				
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach stmt)				
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement)				
10a	Buildings and other depreciable assets				
b	Less accumulated depreciation				
11a	Depletable assets				
b	Less accumulated depletion				
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization				
14	Other assets (attach stmt)				
16	Total assets				-1,216.
Liabilities and Shareholders' Equity					
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach stmt)				
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach statement)				
22	Capital stock				
23	Additional paid-in capital				
24	Retained earnings				-1,216.
25	Adjustments to shareholders' equity (att stmt)				
26	Less cost of treasury stock				
27	Total liabilities and shareholders' equity				-1,216.

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Form 1120S (2015) DIVINE LIMO INC

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Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note. The corporation may be required to file Schedule M-3 (see instructions)

1 Net income (loss) per books	-1,216.	5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):		a Tax-exempt interest \$	
3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12, and 14i (itemize):		6 Deductions included on Schedule K, lines 1 through 12 and 14i, not charged against book income this year (itemize):	
a Depreciation \$		a Depreciation . . \$	
b Travel and entertainment \$		7 Add lines 5 and 6	
4 Add lines 1 through 3	-1,216.	8 Income (loss) (Schedule K, line 18). Line 4 less line 7	-1,216.

Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see instructions)

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1 Balance at beginning of tax year			
2 Ordinary income from page 1, line 21			
3 Other additions			
4 Loss from page 1, line 21	1,216.		
5 Other reductions			
6 Combine lines 1 through 5	-1,216.		
7 Distributions other than dividend distributions			
8 Balance at end of tax year. Subtract line 7 from line 6	-1,216.		

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Schedule K-1
(Form 1120S)Department of the Treasury
Internal Revenue Service**2015**

For calendar year 2015, or tax

year beginning _____, 2015

ending _____, 2015

☐ Final K-1☐ Amended K-1

671113

OMB No. 1545-0123

Shareholder's Share of Income, Deductions, Credits, etc. ▶ See page 2 of form and separate instructions.

Information About the Corporation	
A Corporation's employer identification number 52-2451231	
B Corporation's name, address, city, state, and ZIP code DIVINE LIMO INC 163-35 130TH AVENUE APT 6D JAMAICA, NY 11434	
C IRS Center where corporation filed return Cincinnati, OH 45999-0013	
Information About the Shareholder	
D Shareholder's identifying number 108-52-0292	
E Shareholder's name, address, city, state, and ZIP code DAVID JONES 163-35 130TH AVENUE STE 6D JAMAICA, NY 11434	
F Shareholder's percentage of stock ownership for tax year. 100.00000 %	

FOR USE ONLY

Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items			
1	Ordinary business income (loss)	13	Credits
	-1,216.		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
11	Section 179 deduction	16	Items affecting shareholder basis
12	Other deductions		
		17	Other information

*See attached statement for additional information.

BAA For Paperwork Reduction Act Notice, see Instructions for Form 1120S.

Schedule K-1 (Form 1120S) 2015

Schedule K-1 (Form 1120S) 2015 DIVINE LIMO INC

52-2451231

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This list identifies the codes used on Schedule K-1 for all shareholders and provides summarized reporting information for shareholders who file Form 1040. For detailed reporting and filing information, see the separate Shareholder's Instructions for Schedule K-1 and the instructions for your income tax return.

		Code	Report on
1 Ordinary business income (loss). Determine whether the income (loss) is passive or nonpassive and enter on your return as follows:		N Credit for employer social security and Medicare taxes O Backup withholding P Other credits	See the Shareholder's Instructions
Passive loss	See the Shareholder's Instructions		
Passive income	Schedule E, line 28, column (g)		
Nonpassive loss	Schedule E, line 28, column (h)		
Nonpassive income	Schedule E, line 28, column (i)		
2 Net rental real estate income (loss)	See the Shareholder's Instructions	14 Foreign transactions	
3 Other net rental income (loss)	See the Shareholder's Instructions	A Name of country or U.S. possession B Gross income from all sources C Gross income sourced at shareholder level	Form 1118, Part I
Net income	Schedule E, line 28, column (g)	Foreign gross income sourced at corporate level	
Net loss	See the Shareholder's Instructions	D Passive category E General category F Other	Form 1118, Part I
4 Interest income	Form 1040, line 8a	Deductions allocated and apportioned at shareholder level	
5 a Ordinary dividends	Form 1040, line 8a	G Interest expense H Other	Form 1118, Part I
5 b Qualified dividends	Form 1040, line 8b	Deductions allocated and apportioned at corporate level to foreign source income	
6 Royalties	Schedule E, line 4	I Passive category J General category K Other	Form 1118, Part I
7 Net short-term capital gain (loss)	Schedule D, line 5	Other information	
8 a Net long-term capital gain (loss)	Schedule D, line 12	L Total foreign taxes paid M Total foreign taxes accrued N Reduction in taxes available for credit	Form 1118, Part II Form 1118, Part II Form 1118, line 12
8 b Collectibles (28%) gain (loss)	28% Rate Gain Worksheet, line 4 (Schedule D instructions)	O Foreign trading gross receipts P Extraterritorial income exclusion Q Other foreign transactions	Form 8873 Form 8873 See the Shareholder's Instructions
8 c Unrecaptured section 1250 gain	See the Shareholder's Instructions	15 Alternative minimum tax (AMT) items	
9 Net section 1231 gain (loss)	See the Shareholder's Instructions	A Post-1986 depreciation adjustment B Adjusted gain or loss C Depletion (other than oil & gas) D Oil, gas, & geothermal -- gross income E Oil, gas, & geothermal -- deductions F Other AMT items	See the Shareholder's Instructions and the instructions for Form 6251
10 Other income (loss)	See the Shareholder's Instructions	16 Items affecting shareholder basis	
Code		A Tax-exempt interest income B Other tax-exempt income C Nondeductible expenses D Distributions E Repayment of loans from shareholders	Form 1040, line 8b See the Shareholder's Instructions
A Other portfolio income (loss)	See the Shareholder's Instructions	17 Other information	
B Involuntary conversions	See the Shareholder's Instructions	A Investment income B Investment expenses C Qualified rehabilitation expenditures (other than rental real estate) D Basis of energy property E Recapture of low-income housing credit (section 42(j)(5)) F Recapture of low-income housing credit (other) G Recapture of investment credit H Recapture of other credits I Look-back interest -- completed long-term contracts J Look-back interest -- income forecast method K Dispositions of property with section 179 deductions L Recapture of section 179 deduction M Section 453(j)(3) information N Section 453A(c) information O Section 1260(b) information P Interest allocable to production expenditures Q CCF nonqualified withdrawals R Depletion information -- oil and gas S Reserved T Section 108(f) information U Net investment income V Other information	Form 4952, line 1 Schedule E, line 19 See the Shareholder's Instructions Schedule A, line 23 Schedule A, line 28 See the Shareholder's Instructions See Form 8582 Instructions See the Shareholder's Instructions See Form 8903 Instructions Form 8903, line 7b Form 8903, line 17 See the Shareholder's Instructions See Form 8582 Instructions See the Shareholder's Instructions See Form 8903 Instructions Form 8903, line 7b Form 8903, line 17 See the Shareholder's Instructions Form 4952, line 4a Form 4952, line 5 See the Shareholder's Instructions See the Shareholder's Instructions Form 8811, line 8 Form 8811, line 8 See Form 4255 See the Shareholder's Instructions See Form 8897 See Form 8898 See the Shareholder's Instructions
C Sec. 1256 contracts and straddles	Form 9701, line 1		
D Mining exploration costs recapture	See Pub 535		
E Other income (loss)	See the Shareholder's Instructions		
11 Section 179 deduction	See the Shareholder's Instructions		
12 Other deductions			
A Cash contributions (50%)			
B Cash contributions (30%)			
C Noncash contributions (50%)			
D Noncash contributions (30%)			
E Capital gain property to a 50% organization (50%)			
F Capital gain property (20%)			
G Contributions (100%)			
H Investment interest expense	Form 4952, line 1		
I Deductions -- royalty income	Schedule E, line 19		
J Section 60(e)(2) expenditures	See the Shareholder's Instructions		
K Deductions -- portfolio (2% floor)	Schedule A, line 23		
L Deductions -- portfolio (other)	Schedule A, line 28		
M Preproductive period expenses	See the Shareholder's Instructions		
N Commercial revitalization deduction from rental real estate activities	See Form 8582 Instructions		
O Reforestation expenses deduction	See the Shareholder's Instructions		
P Domestic production activities information	See Form 8903 Instructions		
Q Qualified production activities income	Form 8903, line 7b		
R Employer's Form W-2 wages	Form 8903, line 17		
S Other deductions	See the Shareholder's Instructions		
13 Credits			
A Low-income housing credit (section 42(f)(5)) from pre-2008 buildings			
B Low-income housing credit (other) from pre-2008 buildings			
C Low-income housing credit (section 42(f)(5)) from post-2007 buildings			
D Low-income housing credit (other) from post-2007 buildings			
E Qualified rehabilitation expenditures (rental real estate)			
F Other rental real estate credits			
G Other rental credits			
H Undistributed capital gains credit	Form 1040, line 73, box a		
I Biofuel producer credit			
J Work opportunity credit			
K Disabled access credit			
L Empowerment zone employment credit			
M Credit for increasing research activities			

DIVINE LIMO INC 52-2451231

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Form 1120S, Page 1, Line 19
Other Deductions

ACCOUNTING	1,373.
BANK CHARGES	212.
MISCELLANEOUS	2,633.
PARKING FEES AND TOLLS	239.
TRAVEL	805.
GAS	4,219.
CAR WASH	650.
AUTO REPAIRS	286.
LEASE PAYMENTS	282.
RENT A CAR	400.
Total	11,099.

DIVINE LIMO INC 52-2451231

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Supporting Statement of:

Form 1120S p1-2/Gross Sales

Description	Amount
	21,887.
	6,203.
	1,125.
	14,634.
	5,987.
Total	49,836.

Supporting Statement of:

Form 1120S p1-2/Gross Sales

Description	Amount
	21,887.
	6,203.
	1,125.
	14,634.
	5,987.
Total	49,836.



NEW YORK STATE
DEPARTMENT OF LABOR
PO BOX 15130
ALBANY NY 12212-5130

Date Mailed:	02/12/16
Social Security #:	REDACTED
Claim Effective / Start Date:	02/08/16
Benefit Year Ending Date:	02/12/17
Weekly Benefit Rate:	\$425.00

UNEMPLOYMENT INSURANCE Monetary Benefit Determination

If the address to the right is not your current address, please call 1-888-209-8124 or 1-877-358-5306 (out of state). TTY/TDD equipment users, please call 1-888-783-1370.

DAVID JONES
163-35-130TH AVE. 6D
JAMAICA NY 11434

Keep This Notice For Your Records.

Why did I get this notice?

This is NOT a decision on your eligibility for Unemployment Insurance Benefits. This notice tells you what employment and wage information we have on file for you in the State of New York. Please review this information to make sure it is correct, because your weekly benefit rate is based on this information.

Our records show that you meet the earnings requirement to qualify for Unemployment Insurance Benefits. If you meet all other requirements and are approved, you will receive the weekly benefit rate in the box above. If you are not approved, you will receive a separate written notice to tell you why.

Continue to claim benefits for each week that you are unemployed:

- Access the Internet at www.labor.ny.gov
- Call Tel-Service at 1-888-581-5812

Basic Base Period

Your Basic Base Period is **October 01, 2014 through September 30, 2015**

Review the record of employers and wages that we have on file (below)

EMPLOYER NAME	Basic Base QUARTER 10/01 - 12/31 2014	Basic Base QUARTER 01/01 - 03/31 2015	Basic Base QUARTER 04/01 - 06/30 2015	Basic Base QUARTER 07/01 - 09/30 2015	Alternate QUARTER 10/01 - 12/31 2015	TOTAL BASE PERIOD WAGES
DIVINE LIMO INC	.00	2916.67	5833.34	16583.35	12911.87	25333.38
TOTAL BASIC BASE PERIOD WAGES	.00	2916.67	6833.34	16583.35		25333.38

**Potential wage credits marked 00 have not been used to establish a benefit rate because your employment is not covered under the unemployment insurance law or they precede a disqualifying misconduct separation from this employer and are excluded by law.*

How was my Weekly Benefit Rate calculated?

Note: If you wish to use any wages that appear in the Alternate Quarter, complete and return the "request for Alternative Base period" form from your claimant handbook.

Your Weekly Benefit Rate was calculated using your high quarter wages from above.

Gross weekly benefit rate	\$ 425.00
Less pension reduction	- 0.00
Less Worker's Compensation reduction	- 0.00
Total net weekly benefit rate	\$ 425.00

* All calculated Weekly Benefit Rates are in whole dollars.

* Refer to the Appendix or the claimant handbook for details on how your benefit rate is calculated.

What is the maximum amount of benefits I can receive?

Your claim is good for one year (your benefit year). Within that year, you can collect up to 26 times your net weekly benefit rate.

Is all your wage information reported correctly? If not, see the enclosed Appendix for help.



For questions about this notice, call 1-888-209-8124 or 1-877-358-5306 (out of state).

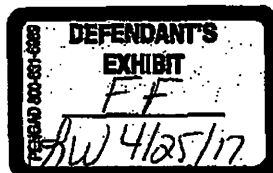


For additional information visit our website:
<http://labor.ny.gov/unemploymentassistance.shtml>



For help, review your claimant handbook.

T402B (9/14)



Appendix - Guide to Understanding the Monetary Benefit Determination

Example of How the Base Period is Defined

Previous Year				Current Year	
1st Quarter January 1 - March 31	2nd Quarter April 1 - June 30	3rd Quarter July 1 - September 30	4th Quarter October 1 - December 31	5th Quarter January 1 - March 31	Quarter you filed for benefits April 1 - June 30
Basic Base Period Wages paid to you during these four quarters make up your Basic Base Period.					
Alternate Base Period Wages paid to you during these four quarters make up your Alternate Base Period.					

1. What should I do if wages are missing or incorrect?

Complete and return the Request for Reconsideration form (see back of the claimant handbook - www.labor.ny.gov/ulhandbook). We must receive it within 30 days of the "Date Mailed" on the front of the Monetary Benefit Determination.

- a. **Military personnel:** If you served during the past 18 months, submit Copy 4 of your most recent separation form DD214.
- b. **Federal or out-of-state employment:** If you were employed by a federal agency or in another state during your Basic Base Period, report those wages on the Request for Reconsideration form.
- c. **Cash wages/1099 employment:** Report cash wages and/or 1099 earnings that do not appear on this Monetary Benefit Determination form on the Request for Reconsideration form. Enclose a copy of your 1099 form, if applicable.

2. What is my last completed quarter?

Calendar quarters end on March 31, June 30, September 30 and December 31. For example, if a claim is filed during April, May or June, the last completed calendar quarter for that claim would be January 1 through March 31.

3. How is my weekly benefit rate calculated?

If you were paid wages in all four quarters of your base period and your high quarter wages are:

- More than \$3,575 - Your benefit amount is your high quarter wages divided by 26 or \$143, whichever is higher.
- \$3,575 or less - Your benefit amount is your high quarter wages divided by 25 or \$100, whichever is higher.

If you were paid wages in only two or three quarters of your base period and your high quarter wages are:

- More than \$4,000 - Your benefit amount is the average of your two highest quarters of wages, divided by 26, or \$143, whichever is higher.
- \$3,576 to \$4,000 - Your benefit amount is your high quarter wages divided by 26 or \$143, whichever is higher.
- \$3,575 or less - Your benefit amount is your high quarter wages divided by 25 or \$100, whichever is higher.

4. How much can I receive?

The maximum benefit rate is \$425. The minimum benefit rate is \$100.

5. Can I use the Alternate Base Period to increase my weekly benefit rate?

Yes. Complete the Request for Alternate Base Period form (see back of claimant handbook). We must receive it within 10 days of the "Date Mailed" on your Monetary Benefit Determination. Note: If you choose to use the Alternate Base Period to increase your benefit rate, you will not be able to use these wages for a future claim.

6. Will using weeks worked and wages paid increase my weekly benefit rate?

If you did not work all the weeks in the base period quarter that has your high quarter wages, it may. Before you can request this recalculation, the following conditions must be met:

- All of your Request for Reconsideration forms must have been rec and reviewed;
- Your base period and benefit rate must be established and finalized (this information can be found on your most recent Monetary Benefit Determination notice); and
- You must have at least 20 weeks of work in your base period.

Your benefit rate calculation will be one-half of total base period wages divided by total weeks worked. To use this benefit rate, the increase must be at least five dollars more than your current benefit rate.

To request this recalculation, fill out and submit the Request for Rate Based on Weeks of Employment form (back of claimant handbook). We must receive it within 10 days of the "Date Mailed" on your Monetary Benefit Determination.

7. If I received workers compensation or volunteer firefighters benefits, can I apply for the Extended Base Period?

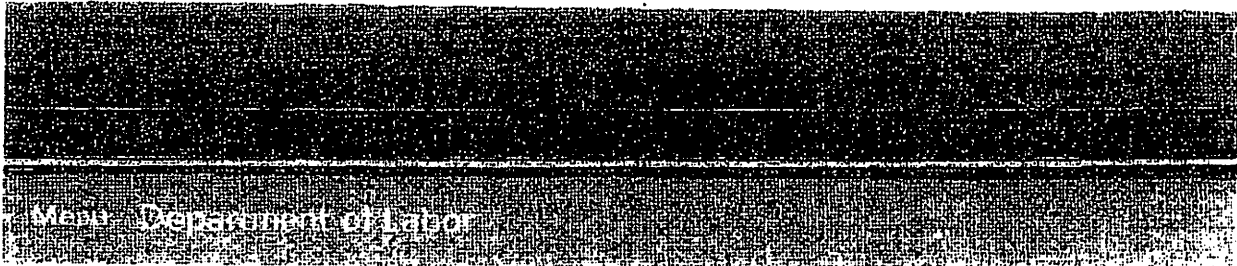
Yes. Your Basic Base Period plus the one or two quarters preceding it, make up your Extended Base Period. It is available only if you received workers compensation or volunteer firefighters benefits and you do not qualify based on the earnings in your Basic or Alternate Base Periods. apply for the Extended Base Period, complete the Request for Reconsideration form (see back of the claimant handbook). If you receive workers compensation, also enclose a copy of your most recent SROI (Subsequent Report of Injury form) from Workers Compensation. We must receive it within 30 days of the "Date Mailed" on your Monetary Benefit Determination.

8. If I do not qualify for benefits, when can I reapply?

If you are still unemployed after the current calendar quarter ends and you have wages paid in the current quarter, you should reapply.

9. Do I have a right to a hearing?

You may request a hearing before an impartial Administrative Law Judge at no cost or obligation to you. Tell us why you disagree with our determination, including supporting details. Include your full name, the four digits of your Social Security number, your telephone number and copy of this Monetary Benefit Determination notice. To submit your request online, log in to your account at www.labor.ny.gov/ulonline and click on the envelope icon at the upper right of your Account Overview page. Select "Hearings and Appeals" as the first subject line and "I want to request a hearing" as the second subject line. To submit your request mail, send it to: New York State Department of Labor, P.O. Box 15131 Albany, NY 12212-5131. We must receive it within 30 days of the "Date Mailed" on your Monetary Benefit Determination notice. For help preparing for a hearing, go to www.labor.ny.gov/ul-appeal for a video or Frequently Asked Questions.



Official Record of Benefit Payment History

David Jones

XXX-XX-0292

02/08/2016

02/12/2017

\$425.00

\$11,050.00

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Latest Transaction(s) as of 08/03/2016

- You last certified for benefits for the week ending 07/31/2016.
- Your payment for the week ending 07/31/2016 was released on 08/02/2016.

Each day in a week (Monday through Sunday) that you qualify for benefits is called an effective day. There is a maximum of 4 effective days each week, and you must qualify for all 4 effective days in order to receive your total weekly benefit rate. For each day in the week that you are not eligible to receive benefits, you will receive one less effective day, which is equivalent to one fourth of your weekly benefit rate. For example, if you are not available to work one day in a week, or if you have worked any part of a day, or have received vacation or holiday pay for one day in a week, your benefits will be reduced by one effective day (the same as one-quarter of your benefit rate). You can receive a maximum of 104 effective days on your claim.

Please allow three business days for benefits to be available.

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• If a payment was released and three days have passed and funds are not in your account, Direct Payment Card customers should contact Chase Customer Service at 1-800-426-7334. Customers who have benefits directly deposited into a personal checking account should contact their own bank.

• If a payment is not listed as released within two business days of your certification, you may contact the Telephone Claims Center (TCC) at the toll-free 1-800-426-7334 number (1-800-426-7334 for out-of-state residents) between 8:00 am and 5:00 pm, Monday through Friday.

Failure to complete and return questionnaires mailed to you will delay your claim or result in the denial and/or suspension of benefits.

Week Ending	Total Amount	Net Amount	Effective Days	Release Date	Type
07/31/2016	\$425.00	\$371.88	4	08/02/2016	Direct Payment Card
07/24/2016	\$425.00	\$371.88	4	07/25/2016	Direct Payment Card
07/17/2016	\$425.00	\$371.88	4	07/18/2016	Direct Payment Card
07/10/2016	\$425.00	\$371.88	4	07/11/2016	Direct Payment Card
07/03/2016	\$425.00	\$371.88	4	07/05/2016	Direct Payment Card
06/26/2016	\$425.00	\$371.88	4	06/28/2016	Direct Payment Card
06/19/2016	\$425.00	\$371.88	4	06/22/2016	Direct Payment Card
06/12/2016	\$425.00	\$371.88	4	06/14/2016	Direct Payment Card
06/05/2016	\$425.00	\$371.88	4	06/06/2016	Direct Payment Card
05/29/2016	\$425.00	\$371.88	4	05/31/2016	Direct Payment Card
05/22/2016	\$425.00	\$371.88	4	05/24/2016	Direct Payment Card
05/15/2016	\$425.00	\$371.88	4	05/16/2016	Direct Payment Card
05/08/2016	\$425.00	\$371.88	4	05/10/2016	Direct Payment Card

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05/01/2016	\$425.00	\$371.88	4	05/02/2016	Direct Payment Card
04/24/2016	\$425.00	\$371.88	4	04/25/2016	Direct Payment Card
04/17/2016	\$425.00	\$371.88	4	04/19/2016	Direct Payment Card
04/10/2016	\$425.00	\$371.88	4	04/11/2016	Direct Payment Card
04/03/2016	\$425.00	\$371.88	4	04/04/2016	Direct Payment Card
03/27/2016	\$425.00	\$371.88	4	03/29/2016	Direct Payment Card
03/20/2016	\$425.00	\$371.88	4	03/22/2016	Direct Payment Card
03/13/2016	\$425.00	\$371.88	4	03/15/2016	Direct Payment Card
03/06/2016	\$425.00	\$371.88	4	03/08/2016	Direct Payment Card
02/28/2016	\$425.00	\$371.88	4	02/29/2016	Direct Payment Card
02/14/2016	\$0.00	\$0.00	4	02/22/2016	Waiting week

Unemployment Insurance Terms

Unemployment Insurance Terms

The Benefit Year Ending date (BYE) is the date your unemployment insurance claim ends and you can no longer collect benefits on that claim. If you remain unemployed after the BYE date and believe that you had sufficient employment to qualify for a new claim, you must immediately file a new claim.

Payment History Terms

The benefit amount to which you are entitled for the week.

The total amount minus any deductions (such as child support or Federal tax withholding), i.e. the amount you received.

The amount of money to which a claimant may be entitled each week. The amount is based on the claimant's wages paid during the base period.

Although your claim lasts one year, during that time you can only receive 26 times your full weekly rate.

Payment Types

Benefit payment was transferred to your checking account on file on the date stated under the "Release Date" column. It may take three business days for payments to be processed.

Benefit payment was transferred to your debit card on the date stated under the "Release Date" column. It may take three business days for payments to be processed.

Benefit payment was issued by a check on the date stated under the "Release Date" column. As of September 2006, paper checks are no longer issued.

Before any benefits can be paid, an unpaid waiting period equivalent to one full week of unemployment benefits must be served. You are subject to the same eligibility requirements for this period as you are when you claim a benefit payment. If you work at all during the first week of your claim, or for other reasons do not serve a full waiting week, the unpaid time extends into the next week(s).

Payment was issued as a result of a correction or change made to payment(s) previously issued. Payment was issued to either your checking account or your Direct Payment Card.

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